

Name in Full		Geo. Aydelotte.				CERTIFICATE OF DEATH	
# TO BE ANSWERED BY NEAREST FRIEND PHYSICIAN OR CORONER	Died at <u>Easton</u>		Town <u>Pommeset</u>		County <u>Pommeset</u>		STATE OF <u>MARYLAND</u>
	Date of death <u>1907</u>	Month <u>7</u>	Day <u>12</u>	Age <u>53</u>	Years	Months	Days
	Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>md</u>			
	Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Charlotte Drummond</u>				
	Father's Name <u>Edward Aydelotte</u>		Father's Birthplace <u>Va</u>				
	Mother's Maiden Name <u>Mary Tucker</u>		Mother's Birthplace <u>Va</u>				
Name of person giving information <u>—</u>				How related to deceased <u>—</u>			
CAUSES OF DEATH							
Primary		<u>Tumor of Stomach</u> <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">           40         </div>				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>J. J. Coates M.D.</u>			
				Address <u>Gen. H. V. R. sub reg. Pomocoke Md</u>			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Cloise T Beauchamp

MARYLAND

Died at Cokebury Town

County

Somerset

Date

of death 1907

Month

July

Day

2

Age

Years

—

Months

2

Days

—

Sex

FemaleColor or  
RaceWhiteBirth-  
placeSomerset Co.

Occupation

InfantWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameL Thomas BeauchampFather's  
BirthplacemdMother's  
Maiden NameLadie E. DykesMother's  
BirthplacemdName of person giving  
In formationThomas BeauchampHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Bowel Trouble105

How long

since birth

Immediate

Collapse

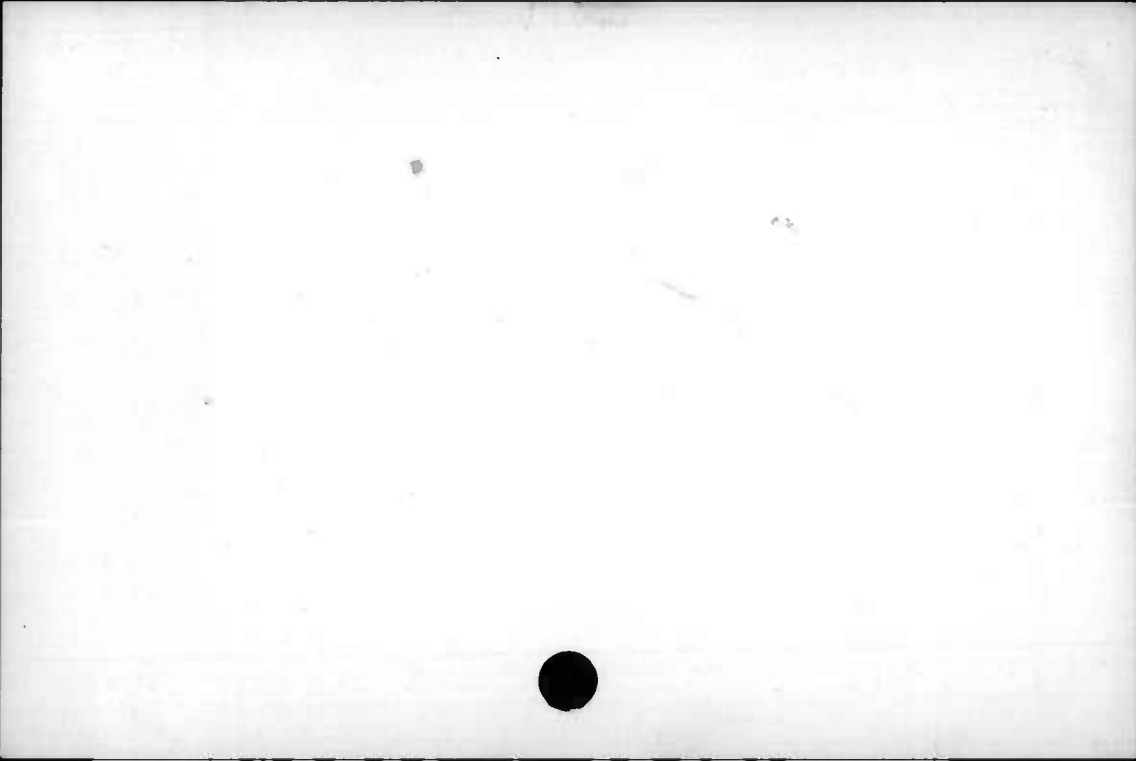
How long

Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianGeo. W. Riddle Sub Reg.

Address

Pocomoke Citymd

Accident or Suicide?



Name  
in  
Full

Alice Catherine Bozman

## CERTIFICATE OF DEATH

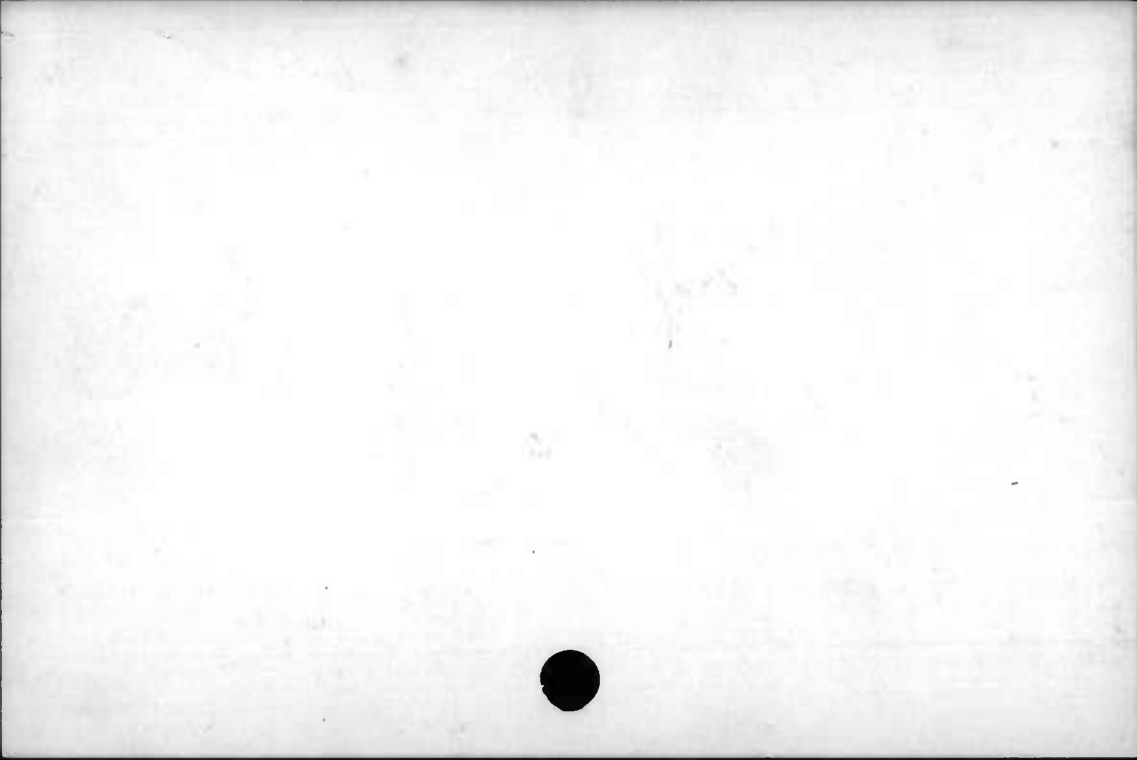
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dumas Charter</i>		Town <i>Dumas</i>		County <i>Dumas</i>		MARYLAND	
Date of death	1907	Month	July	Day	19	Age	Years <i>—</i>
						Months	3
						Days	23
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Dumas Co.</i>
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband			
Father's Name	<i>Wm Bozman</i>				Father's Birthplace	<i>Dumas Co.</i>	
Mother's Maiden Name	<i>Annie McBrath</i>				Mother's Birthplace	<i>Dumas Co.</i>	
Name of person giving information	<i>Anderson McBrath</i>				How related to deceased	<i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dec - Cerebral</i>	<i>(105)</i>	How long	<i>1 week</i>
Immediate	<i>asthma</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. J. Windsor, M.D.</i>	
		Address	<i>Dumas Charter, Dumas Co., Ind.</i>	
Accident or Suicide?	<i>—</i>			



Name  
in  
Full

Hester E. Landon.

Duplicate

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

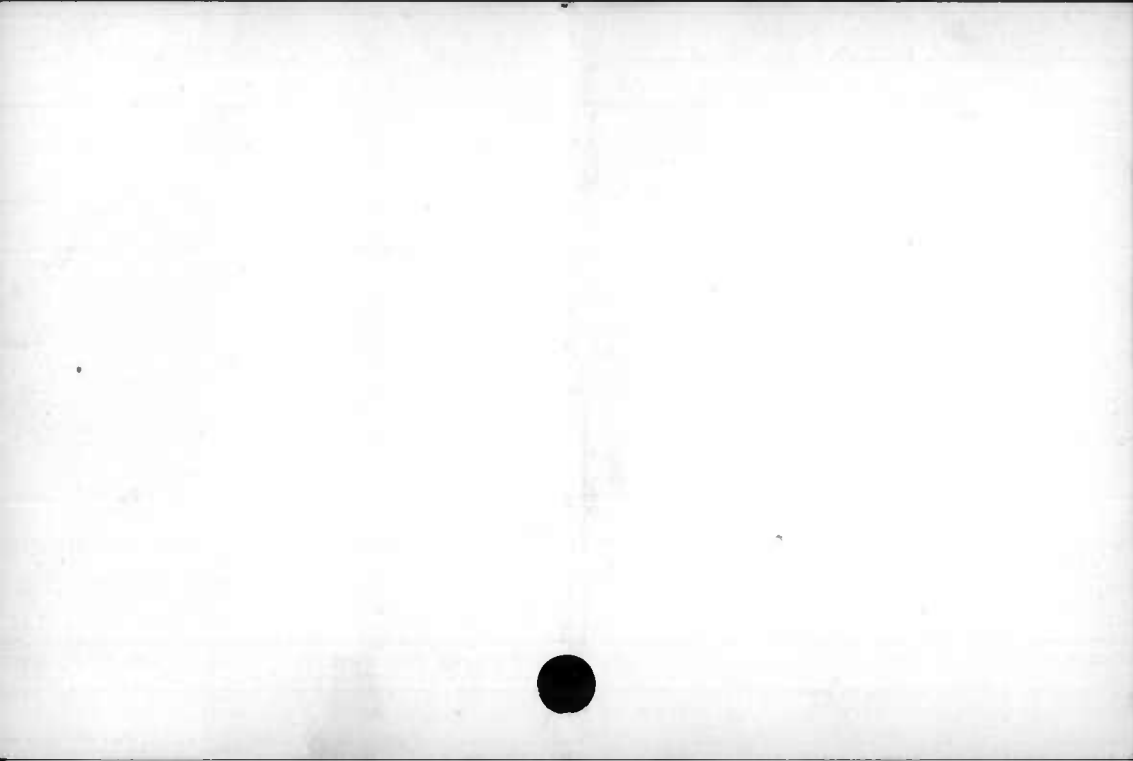
Died at <u>Manokent</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>6</u> <sup>a</sup>	Age <u>71</u> <sup>Years</sup>	<u>no</u> <sup>Months</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Don't know</u>		
Occupation <u>Don't know</u>	Where Residing if not at place of death <u>Don't know</u>				
Married, Single or Widowed <u>Don't know</u>	Name of Wife or Husband <u>Don't know</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Don't know</u>	How related to deceased <u>Don't know</u>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	How long <u>Don't know</u>
Immediate <u>General Debility, old age.</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Don't know</u>	Signature of Physician <u>W. L. Landon</u>
	Address <u>Landonville, Md.</u>
Accident or Suicide? <u>Don't know</u>	<u>Somerset Co.</u>





Name  
In  
Full

Richard H. Cas Ten

## CERTIFICATE OF DEATH

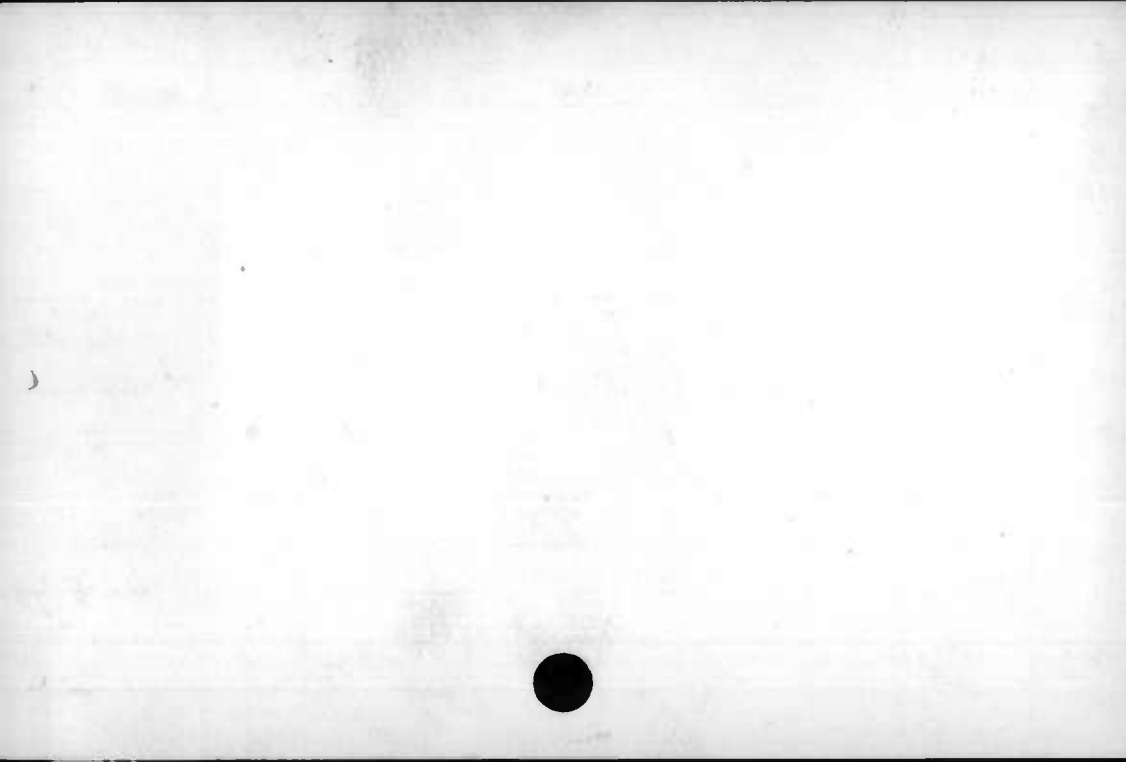
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pawmokeety</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>14</i>	Age <i>66</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth place <i>Somerset Co</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Elizabeth</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Leah Cas Ten</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving information <i>Harry Hinkwood</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary <i>Bright's</i>	<i>120</i>	How long <i>Seven Months</i>
Immediate <i>exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Loring</i>	
	Address <i>Pawmokeety Md</i>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name in Full		Ladoc Gilebons				CERTIFICATE OF DEATH	
Died at		Town Cokesbury		County Somerset		MARYLAND	
Date of death		Month 7	Day 28	Years 54	Months 2	Days 26	
Sex Male		Color or Race white		Birth-place Ind			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Mary C. Gilebons					
Father's Name George P. Gilebons		Father's Birthplace Unknown					
Mother's Maiden Name Anny E. McDaniel		Mother's Birthplace Unknown					
Name of person giving information		How related to deceased Brother-in-law					
		CAUSES OF DEATH		(27)			
Primary		Pulmonary Tuberculosis				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. W. Wilson M.D. per book		Address Pocomoke City Md.			
Accident or Suicide?							



Name  
in  
Full

Nettie Blouck Hayward  
Somer  
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

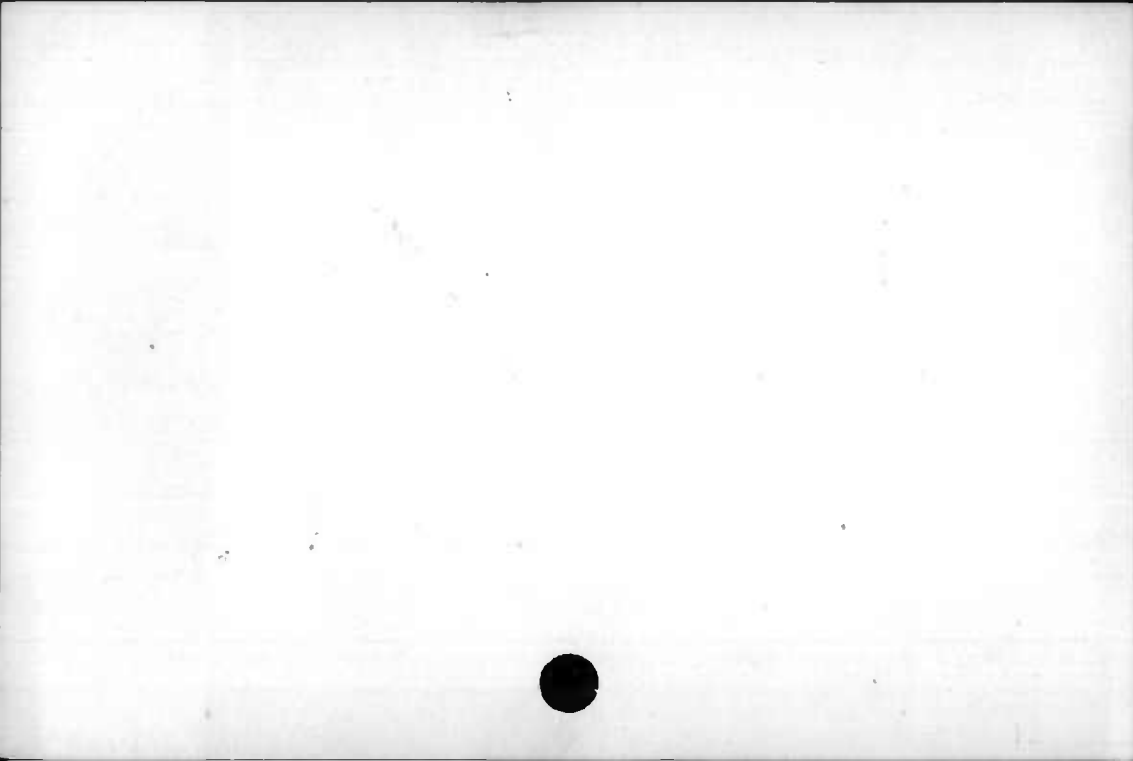
Died at Cusfield Town  
Date of death 1907 July Month 13 Day Age 3 Years Months Days  
Sex F female Color or Race Black Birth-place Cusfield  
Occupation None Where Residing if not at place of death Cusfield  
Married, Single or Widowed None Name of Wife or Husband None  
Father's Name Isaac Hayward Father's Birthplace Cusfield  
Mother's Maiden Name Millie Anderson Mother's Birthplace Cusfield  
Name of person giving information Isaac Hayward How related to deceased Father

CAUSES OF DEATH

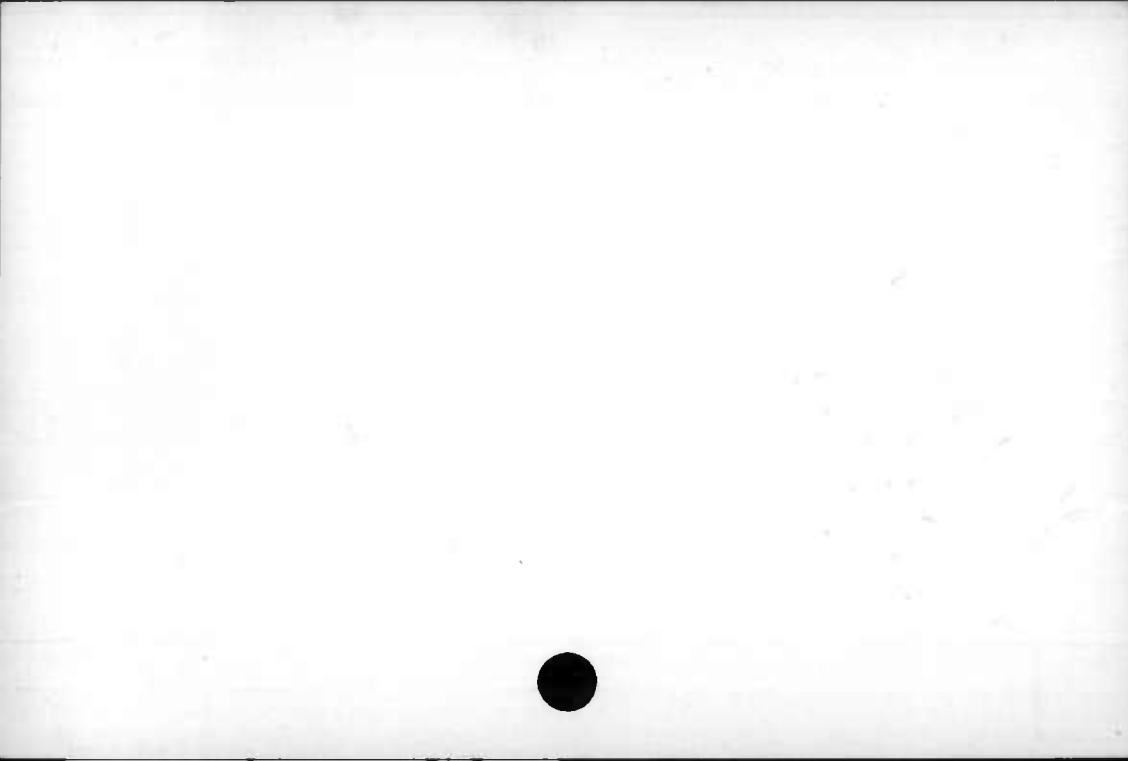
(102)

PHYSICIAN  
OR CORONER

Primary Swallowdye - Stict Orophagus How long Jan-1907  
Immediate Asthenia How long  
Are the name, age, sex, color, date and place correctly given above?  
Signature of Physician Wm H. Boulbourn MD  
Address Cusfield, Md  
Accident or Suicide?



Name in Full		Addie Morsey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND #15 Duplicate PHYSICIAN OR CORONER		Died at		Town	County		MARYLAND	
		Date of death		Month	Day	Age	Years	Months
		Sex		Color or Race		Birth-place		
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						
<div>CAUSES OF DEATH</div>								
Primary		Miasma				How long		
Immediate		<div>179</div>				How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		don't recollect who				
		Address		S. M. Middle Sub - 29, Promthe Ind				
Accident or Suicide?								





Name  
in  
Full

CERTIFICATE OF DEATH

*Joshua Downing* *Nattie Miles*

Died at *Bostue* Town

*Somerset* County

MARYLAND

Date

of death *1907*

Month

*7*

Day

*30*

Age

Years

*—*

Months

*—*

Days

*—*

Sex

*Female*

Color or  
Race

*Black*

Birth-  
place

*md*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

*Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*W Riddle sub reg.*

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

15-



Name  
in  
Full

Hiram Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

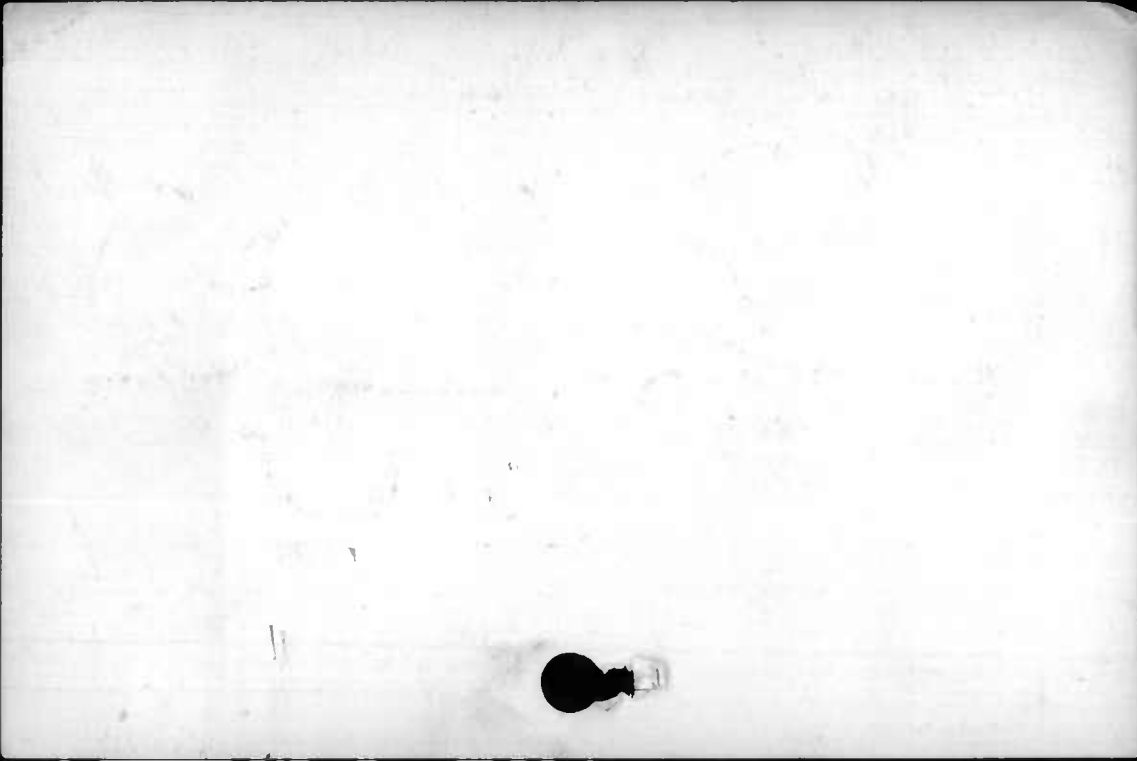
Died at <b>Princess Anne</b>		County <b>Somerset</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>July</b>	Day <b>8</b>	Age <b>84</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>Male</b>	Color or Race <b>Colored</b>	Birth-place <b>Maryland</b>			
Occupation <b>Laborer</b>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Henrietta Miles</b>				
Father's Name <b>Not known</b>	Father's Birthplace <b>Not known</b>				
Mother's Maiden Name <b>Not known</b>	Mother's Birthplace <b>Not known</b>				
Name of person giving information <b>Zachariah Miles</b>	How related to deceased <b>son</b>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Arterial insufficiency</b>	How long <b>several years</b>
Immediate <b>Asthma</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Henry M. Landford</b>
	Address <b>Princess Anne</b>
Accident or Suicide? <b>No</b>	<b>Med</b>



Name  
in  
Full

Frederick Roberts

## CERTIFICATE OF DEATH

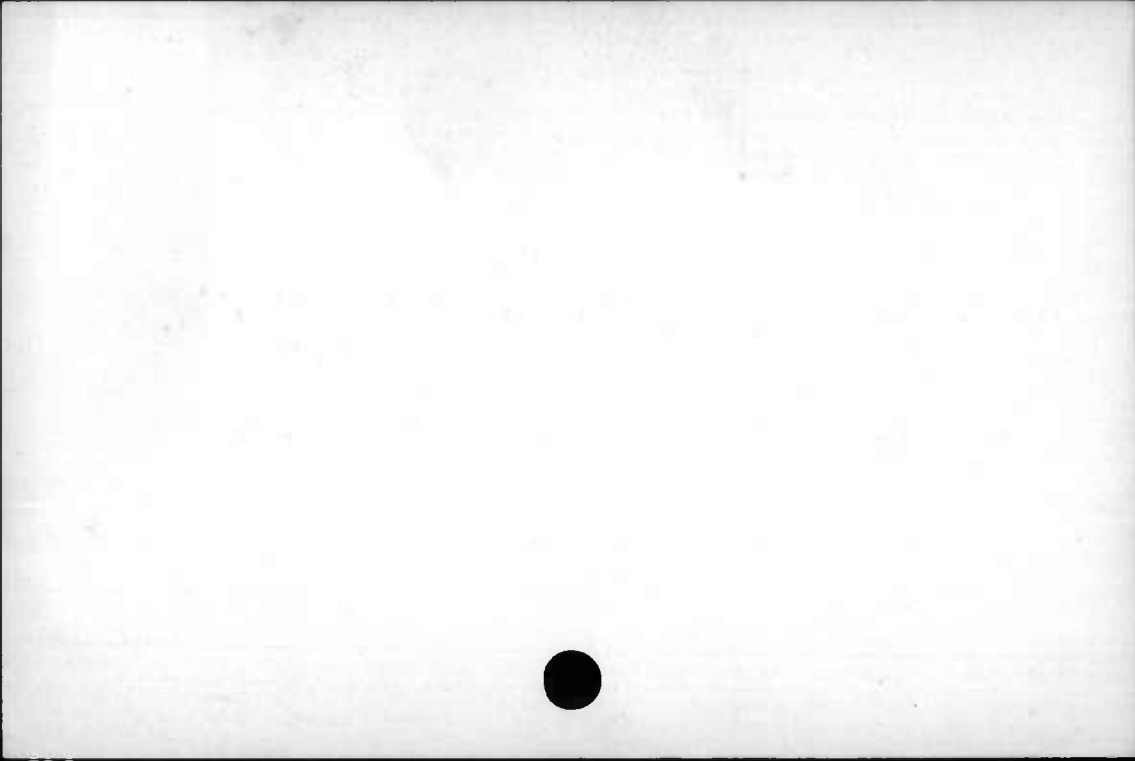
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	26th		-	10	25-
Sex	male	Color or Race		Colored		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Preston Roberts		Father's Birthplace		Somerset	
Mother's Maiden Name		Ella Perkins		Mother's Birthplace		Somerset	
Name of person giving information		Preston Roberts		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	2 weeks
Immediate	atherosclerosis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		S. J. Winder, M.D.	
		Address	
		Baker Building	
		Somerset Co., Md.	
Accident or Suicide?			



Name  
in  
Full

Anna Beale Tawes

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cusfield <sup>County</sup> Somerset

MARYLAND

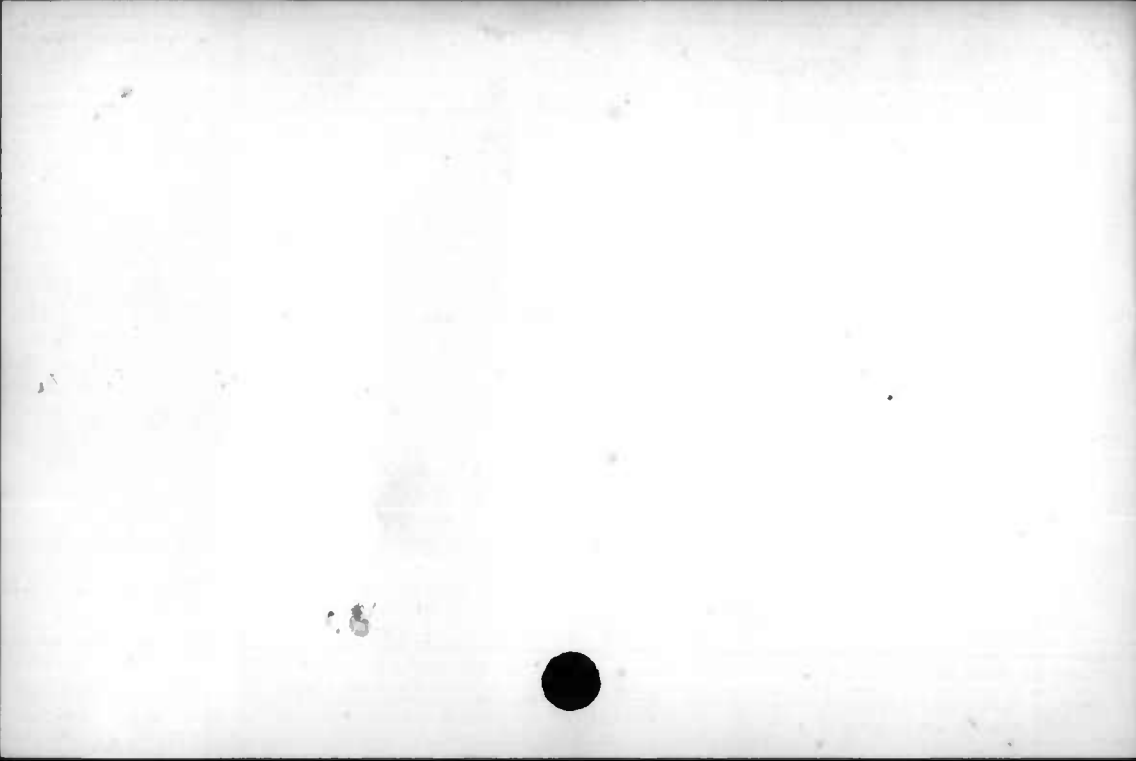
Date of death 1907 <sup>Month</sup> July <sup>Day</sup> 11 <sup>Years</sup> — <sup>Months</sup> 2 <sup>Days</sup> 1Sex Female Color or Race White Birth-place Cusfield, MdOccupation None Where Residing if not at place of death Cusfield, MdMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name Arrie Tawes. Father's Birthplace Cusfield, MdMother's Maiden Name Annie Maid Mother's Birthplace Hopewell, MdName of person giving information Mrs Annie Tawes How related to deceased Walter

## CAUSES OF DEATH

Primary Ileo-Colitis 105 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Wm. H. Boulbourn  
Address Cusfield, Md.Accident or Suicide? no





Name  
in  
Full

Lewis Upshur

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

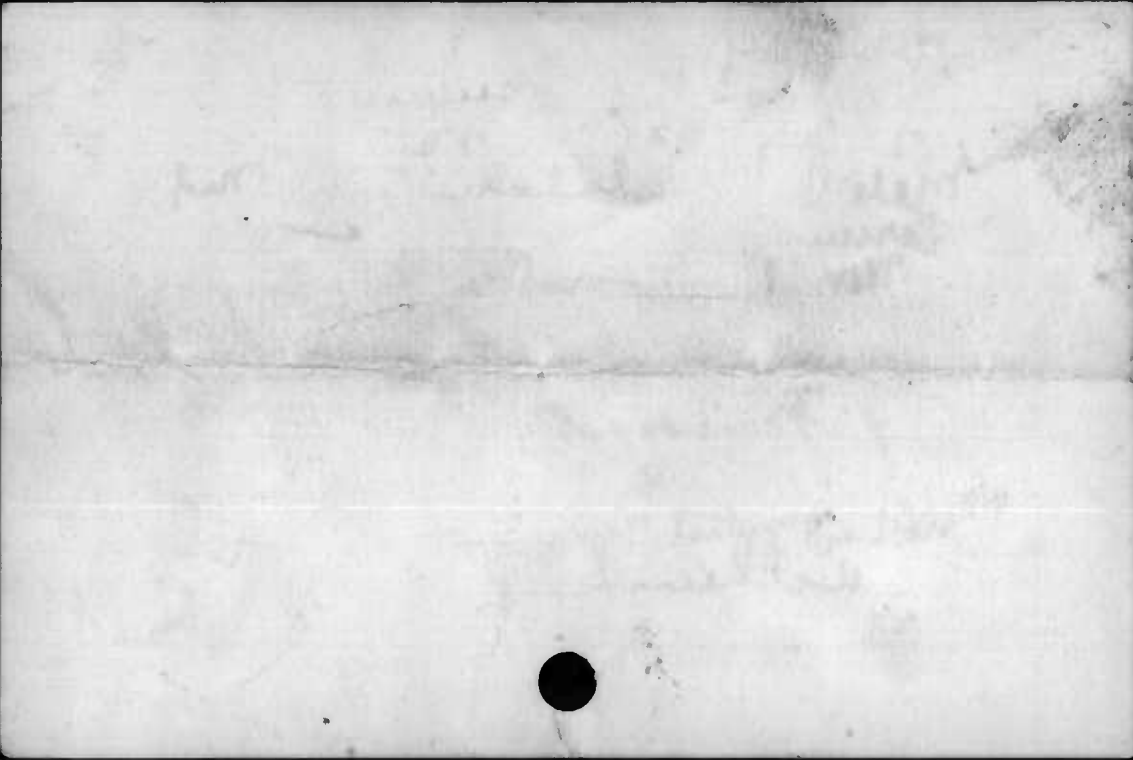
Died at <b>Mt Vernon</b>		County <b>Severnet</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>July</b>	Day <b>24</b>	Age <b>73</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>Male</b>	Color or Race <b>Colored</b>	Birth-place <b>md</b>			
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Sallie Upshur</b>				
Father's Name <b>X Louis Upshur</b>	Father's Birthplace <b>X Virginia</b>				
Mother's Maiden Name <b>X Sarah Upshur</b>	Mother's Birthplace <b>X</b>				
Name of person giving information <b>Revison Upshur</b>	How related to deceased <b>Son</b>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Aortic &amp; mitral regurgitation</b>	How long <b>✓</b>
Immediate <b>Asthma</b>	How long <b>✓</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Henry M. Lamb M.D.</b>
	Address <b>Bridges Ave</b>
Accident or Suicide? <b>No</b>	<b>md</b>



Name  
in  
Full

Annie F. White

## CERTIFICATE OF DEATH

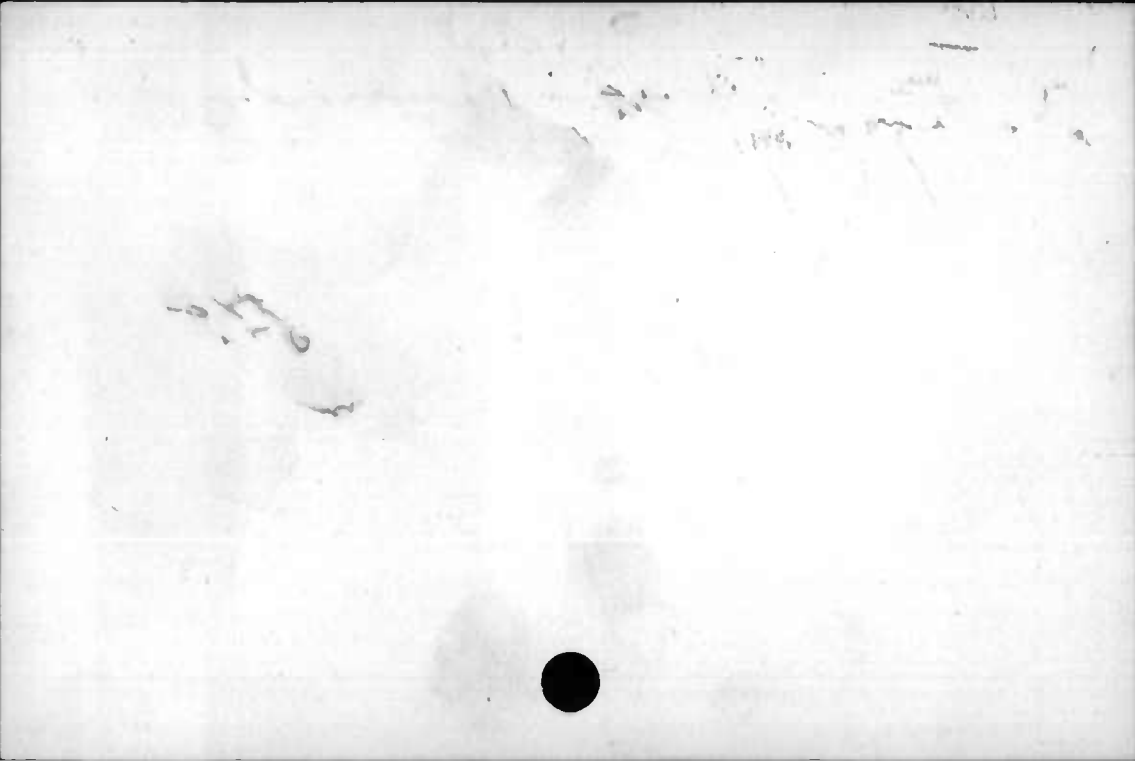
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Somers Quarter</i> Town <i>Somerset</i> County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>July</i> Day <i>25</i> - Age <i>25</i> Years <i>2</i> Months <i>13</i> Days
Sex <i>Female</i>	Color or Race <i>White</i> Birth-place <i>Somerset Co.</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>
Father's Name <i>Alexander White</i>	Father's Birthplace <i>Somerset Co.</i>
Mother's Maiden Name <i>Annie McDaniel</i>	Mother's Birthplace <i>Somerset Co.</i>
Name of person giving information <i>Alexander White</i>	How related to deceased <i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Her. Arterio</i>	<i>105</i>	How long <i>1 week</i>
Immediate <i>As Thromb</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>	
	Address <i>Somers Quarter Somerset Co. Md.</i>	
Accident or Suicide?		



Name  
In  
Full

L'Even White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crisfield</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>2</u>		Age <u>57</u> <sup>Years</sup>		Months <u>12</u> Days <u>10</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Crisfield Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Crisfield Md</u>				
Married, or Widowed <u>Married</u>	Name of Wife or Husband <u>Ello White</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Ello White</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

Primary <u>Apoplexy</u>	(64)	How long <u>12 days</u>
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William Houlbourn  
Crisfield  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

